



Retail Food Establishment Inspection Report

Floyd County Health Department
Telephone: 812-948-4726

X6600

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name Tony Impellizzeri's		Telephone Number 812 949 3000	Date of Inspection (mm/dd/yr) 8/9/2019	PERMIT # 19-332
Establishment Address (number and street, city, state, zip code) 5700 Charleston Rd (Suite 100) New Albany, IN 47150		812 557 3762		
Owner A.D. Tony Impellizzeri Family Corp.		Purpose: <input checked="" type="radio"/> Routine	Follow-up No	Release Date 10 days
Owner's Address		2. Follow-up	Summary of Violations:	
Person in Charge Tony Impellizzeri		3. Complaint	C <input checked="" type="checkbox"/> NC 2 R <input checked="" type="checkbox"/>	
Responsible Person's E-mail		4. Pre-Operational	Menu Type (See back of page)	
Certified Food Manager Tony Impellizzeri (7/18/21)		5. Temporary	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
		6. HACCP		
		7. Other (list)		
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"				
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"				
Section#	C/NC	R	Narrative	To Be Corrected By
324	NC		Observed hot water heater to be broken	1 week
342	NC		Measured hand sink at 70°F	1 week
			-Owner said issue occurred right before inspection. Landlord is aware. If water has to be shut off, then store must cease operations until fully repaired.	
Received by (name and title printed):			Inspected by (name and title printed):	
			A.J. Ingram (EHS)	
Received by (signature):			Inspected by (signature):	
cc:		cc:		cc: